

700 Children's Drive
Columbus, Ohio 43205-2696
nationwidechildrens.org

HEAD INJURY - CONCUSSION

Your child has been seen at Children's Hospital because of a head injury. At this time we do not think it is necessary to admit your child to the hospital. However, you will need to watch your child closely for the next 24 to 48 hours. If you feel that you cannot do this, please tell your doctor or nurse before you leave.

- Wake your child once, twice, or every _____ hours tonight. Your child should wake easily and act normally.
- It is not necessary to wake your child tonight.

WHAT TO EXPECT

Your child may:

- Be sleepy. It is okay to let him or her sleep.
- Be nauseated or vomit for the first 4 to 6 hours after the head injury.
- Have a mild to moderate headache. You may give _____mg. of Tylenol® up to every 4 hours as needed for the pain.
- Be more fussy, moody or irritable.
- Have a shorter attention span and poor memory.
- Feel dizzy from time to time.

Depending on the degree of head injury, these symptoms may last anywhere from minutes to weeks. Regardless of the degree of injury, it is important for your child to have medical follow-up.

- Tell the doctor if your child is having trouble doing things he or she was able to do before the head injury (including school work).
- Tell your child's teacher that he or she has had a head injury.

SIGNS TO WATCH FOR

You will need to return to the Emergency Department or call your medical provider if your child has any of these symptoms:

- Continued vomiting (more than 5 times in the next several hours)
- A major change in behavior or personality (confused, impulsive, reckless, aggressive or abnormal behavior)
- Child is hard to wake up during the day or quickly falls back to sleep after waking
- Unable to awaken at night
- Complaints of headache that are not relieved with Tylenol®
- Bleeding or clear fluid from the nose or ears (*Signs to Watch For continued on back*)

SIGNS TO WATCH FOR (Continued)

- Hearing problems
- Convulsions (seizures)
- Staggering or swaying while walking
- Weakness or dizziness
- Eye changes (cross-eyed, droopy eyelids, trouble using eyes)
- Blurred or double vision
- Loss of consciousness (child does not wake up when you touch and talk to him)
- Your child does not "look right" to you or seems to be getting worse instead of better.

ACTIVITY

When your child may return to contact sports or rough play depends on the severity of the head injury. He or she may not return to sports, rough play or play where balance is an issue (bike riding, swimming, tree climbing, etc.) until your child's doctor says it is okay. Below are some general suggestions:

Grade 1 Concussion – Your child had confusion for less than 15 minutes, no loss of consciousness (did not black out) and no amnesia (remembers the event).

- First concussion: Return to play 15 minutes after symptoms are completely gone.
- Second concussion of the season: Return to play one week after symptoms are completely gone.

Grade 2 Concussion – Your child had confusion for more than 15 minutes, did not lose consciousness (did not black out) but may have amnesia (does not remember the event).

- First concussion: Return to play one week after symptoms are completely gone.
- Second concussion of the season: Return to play two weeks after symptoms are completely gone.

Grade 3 Concussion – Any loss of consciousness (blacked out).

- Brief loss of consciousness (a few seconds): Return to play one week after symptoms are completely gone.
- Prolonged loss of consciousness (several minutes): Return to play two weeks after symptoms are completely gone.
- The second Grade 3 concussion of the season: Return to play no sooner than one month after symptoms are completely gone, and only if your child's doctor approves at your follow-up visit.

PREVENTING FUTURE INJURIES

- **Passenger safety** Use proper child passenger restraints (car seat or booster seat) for age and size of child.
- **Sports safety** Wear a proper fitting helmet and protective gear when using a bike, skateboard, scooter, roller-skates, etc.
- **Street safety** Children should be taught to play where it is safe and supervised. Most children can be taught to safely cross the street alone at about 10 years of age.
- **Home safety** Prevent falls, choking, poisoning, and burns. Check your home for possible dangers and use safety products (safety gates, cabinet locks, windows guards, smoke detectors, no walkers with wheels, etc.).

If you need a doctor for your child, call the Children's Hospital Referral and Information Line at (614) 722-KIDS.